



Testimony of Allison Fulton
Housatonic Valley Coalition Against Substance Abuse, Executive Director
Connecticut Prevention Network
in support of
HB 7052- AN ACT PREVENTING PRESCRIPTION OPIOID DIVERSION AND ABUSE.
General Law Committee Hearing, February 21, 2017

Senator Leone, Senator Witkos, Representative Baram and members of the General Law Committee, my name is Allison Fulton and I am the Executive Director of the Housatonic Valley Coalition Against Substance Abuse and a board member of the Connecticut Prevention Network. Thank you for the opportunity to offer testimony in **support of House Bill 7052- AN ACT PREVENTING PRESCRIPTION OPIOID DIVERSION AND ABUSE.**

The Connecticut Prevention Network was pleased that the Governor's legislative proposal included several recommendations from the CT Prevention Network (CPN). Despite our agreement with the proposal we cannot help but comment about the need for more prevention funding, especially considering that the Governor's budget includes the elimination of funding for the current Regional Action Council structure.

Our network of 13 Regional Action Councils recommended, and continues to support, the key components of the bill that do the following:

- Strengthen the Prescription Drug Monitoring Program- The proposal would require all prescribers to use the prescription drug monitoring program. Current law requires prescribers of schedule II through V drugs to register in the CPMRS, but does not require prescribers to check the system upon prescribing. Our network has consistently promoted registration in, and utilization of the PMP since its inception.
 - Studies have shown that 70% of those who reported using opioids non-medically, were able to access them from friends or family members, with or without their consent. In addition, national data from the National Institute on Drug Abuse (NIDA) indicates that 3 out of 4 people who use heroin, started by misusing prescription drugs. Reducing access to prescription medications for non-medical purposes has been a priority of CPN opioid prevention workgroups across CT since 2009.
- Ensure More Drugs are Disposed Properly- The proposal would allow registered nurses employed by a home health care agency to oversee disposal of medications. Too often we have found that older residents will hold on to unused prescriptions and often never dispose of such medications. Providing the authority to oversee disposal will ensure that less drugs are available to be abused, and that a healthcare professional can be there to guide and facilitate the disposal of medications that may otherwise not be disposed.
- Allow More Patient Choice- The bill permits patients to include a form that would indicate a preference not to be prescribed opioids unless there is an emergency. This is similar to legislation in Massachusetts that provides patients with a way to tell doctors that they do not want to be prescribed certain medications.

- Educating Patients- The bill requires prescribers to share information with patients on the risk of addiction when prescribing opioids. Currently, this only applies to minors but HB-7052 would ensure that this information is provided to all patients. Since 2014, CPN has been promoting self-advocacy among patients by posting information in waiting rooms of doctors and dentists. Additionally, CPN has worked with realtors to raise awareness about safeguarding meds during open houses.

We also suggest the following policy changes:

- Providing patients with the ability to request that a prescription for opioids be only partially filled. This would ensure that there is less chance of abuse after the drug has already alleviated the pain it is being used for. Massachusetts has also provided patients with this ability. (See Title XV, Section 18B)
- Requiring that a prescribing doctor be notified by the emergency department if their patient has overdosed on a prescription medication bearing that doctor's name. The period after an overdose is a very dangerous period for people, and doctors should be aware when patients have had an overdose. Currently, there is no mechanism to communicate this information to doctors.

Thank you for the time and attention to this matter. If you have any questions or would like further information about any of the proposals mentioned, please let me know.

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